

# **Instructions**

**for**

## **Return to Work Certification**

Prior to your Return to Work the “Return to Work Certification” must be completed by your attending physician. Once your specific job description has been review by your attending physician and you have been cleared for all activities, you may fax the signed Return to Work Certification to

IAA attn: Paige Rienzi (856) 797-5608

Your job description may be obtained from the Monmouth County website, contacting your immediate supervisor, or contacting Insurance Administrator of America, Inc.

**FAX**



Insurance Administrator of America, Inc.

## FMLA – Return to Work Certification

To: **IAA – Paige Rienzi**

From:

Fax: **856-797-5608**

Date:

**Monmouth County Employee**

Pages:

*(including cover)*

Patient:

DOB:

***Any trouble or questions please call: 888-599-1515 x.213***

In order for the above named patient to be cleared to return to work, their return to work certification must indicate that you have reviewed their job description and have cleared them for all activities. A copy of the patient's job description is attached.

By checking below you are confirming that the above named patient is or is not released to full duty in accordance with their job description:

The above named patient is released to full duty on \_\_\_\_\_.

The above named patient is released to work with limitations on \_\_\_\_\_  
*(specify below)*

The above named patient holds a Commercial Driver's License (CDL).

Based on my review of the above named patients job description, he/she may not return to work at this time. It is anticipated that he/she may return on \_\_\_\_\_.

Physician's Name:  
*(please print)*

Physician's Address:

Physician's Phone number:

Physician's Signature

Date

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